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	<u></u>	Docket Number	4-30583, 5967/C1 R 37 CFR 1.10	
16960 U.S 01/25/	EL635646 Express Mail Label		January 25, 2001  Date of Deposit	

## UTILITY PATENT APPLICATION TRANSMITTAL AND FEE SHEET

Transmitted herewith for filing under 37 CFR §1.53(b)(1) is a **continuation** of prior International Application No. PCT/EP99/05316, filed July 26, 1999.

Applicant (or identifier): AMLOT ET AL.

**Assistant Commissioner for Patents** 

Box Patent Application Wast-ington, DC 20231

Title: USE OF CD25 BINDING MOLECULES IN THE TREATMENT OF

RHEUMATOID ARTHRITIS OR SKIN DISEASES

## Enclosed are:

**d**Address to:

1. 2. 3.		Specification (Including Claims and Abstract) - 13 pages  Drawings - sheets  Declaration and Power of Attorney  a.  Unexecuted (original or copy)  b.  Copy from a prior application (signed or with indication that original was signed)
4.		i. Deletion of Inventors Signed statement attached deleting inventor(s) named in the prior application Incorporation By Reference The entire disclosure of the prior application, from which a copy of the Declaration and Power of Attorney is supplied under Box 3b, is considered as being part of the disclosure of the accompanying application and is hereby incorporated by
5. 6.		reference therein.  Microfiche Computer Program (appendix)  Nucleotide and/or Amino Acid Sequence Submission  Computer Readable Copy  Paper Copy
7. 8. 9. 10. 11. 12.		Statement Verifying Identity of Above Copies Preliminary Amendment Assignment Papers (Cover Sheet & Document(s)) English Translation of Information Disclosure Statement Certified Copy of Priority Document(s) Return Receipt Postcard Other:
	App ide	e right to elect an invention or species that is different from that elected in parent olication No. in the event of a restriction or election of species requirement that is ntical or substantially similar to that made in said parent application is hereby erved.
Filing	g fee	e calculation:
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Basic Filing Fee							\$ 710		
Multiple Dependent Claim Fee (\$ 270)							\$		
Foreign Language Surcharge (\$ 130)						\$ 			
	For	Number Filed		Number Extra		Rate			 
Extra Claims	Total Claims	10	-20	0	x	\$	18	=	\$
	Independent Claims	1	-3	0	×	\$	80	=	\$
TOTAL FILING FEE							\$ 710		

Please charge Deposit Account No. 19-0134 in the name of Novartis Corporation in the amount of \$710. An additional copy of this paper is enclosed. The Commissioner is hereby authorized to charge any additional fees under 37 CFR §1.16 and §1.17 which may be required in connection with this application, or credit any overpayment, to Deposit Account No. 19-0134 in the name of Novartis Corporation.

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Date: January 25, 2001

Please direct all telephone calls to the undersigned at the number given below and all telefaxes to (908) 522-6955.

Respectfully submitted,

Diane E. Furman

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